

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address State Capitol			
Area Code/Phone Number (916) 445-0873	E-mail daniel.maguire@gov.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name		First Name	<input checked="" type="checkbox"/> Other	California State Protocol Foundation		Name
1215 K Street		Sacramento		CA		95814	
Address		City		State		Zip Code	

The CSPF is a 501(c)(3) organization that promotes California and provides support on diplomatic and consular matters.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

See Exh. A	\$	See Exh. A	See Exh. A	\$	See Exh. A
Name		Amount	Name		Amount

3. Payment Information

Date and Amount of Payment (other than travel) various \$ 33,370
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel

Date(s) of Travel	\$	\$	\$	\$	\$
Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses	

Provide a specific description of the nature and use of the payment for official agency business:


The CSPF paid for expenses associated with the 2009 Capitol tree-lighting ceremony, including production and facility costs, entertainment, travel expenses (non-State employees), photography, food and beverages, lighting, and sound equipment.

Identify the officials for whom the payment was used:

N/A			
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Susan Kennedy	Chief of Staff	12/28/09
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Payments were made on 12/8/09, 12/9/09, 12/10/09, 12/11/09, 12/14/09, 12/16/09, and 12/17/09.

Exhibit A

Business & Foundation Revenue

Deposit Date:	Name	Mr/Mrs./Ms.	Contact First	Contact Last:	Street	City	State	Zip	Country	Amount
12/16/2009	CA Governor's Conference For Women	Ms.	Erin	Stein	1801 Avenue of the Stars, Suite 1201	Los Angeles	CA	90067	USA	\$25,000.00
12/16/2009	Enterprise-Rent-A-Car Company of LA	Mr.	Randy	Hendershot	199 N. Sunrise Avenue, Dept C	Roseville	CA	95661	USA	\$5,000.00
12/08/2009	Dwight D. Oppenman Foundation	Ms.	Julie	Chrystyn	10554 Dolcedo Way	Los Angeles	CA	90077	USA	\$75,000.00

Total:	105,000.00
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In Kind Services

Total:	<u>0.00</u>
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